

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 54
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Anderson

Mailing Address 2452 N Broadway

City State Zip Code
 Council Bluffs IA 51503-0432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midlands Living Center

Occupation

Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 03 / 2015

Transaction ID : C2933985

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dirk Anjewierden

Mailing Address 2180 South 1300 East
 Suite 445

City State Zip Code
 Salt Lake City UT 84106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Utah Health Care Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 05 / 2015

Transaction ID : C2927647

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

C. Brett P. Arceneaux

Mailing Address 40412 Sycamore Ave.

City State Zip Code
 Gonzales LA 70737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ascension Oaks Nursing & Rehab Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 03 / 2015

Transaction ID : C2933979

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00